

Request for Proposals
“Global Commitment to Health” Evaluation
Submitted Questions
April 14, 2008

Firms participating in Bidders Conference (April 9, 2008):

APS Healthcare; Arkansas Foundation for Medical Care; Burns & Associates; Center for Health Policy and Research (UMass); JSI Research & Training Institute; Lewin Group; Pacific Health Policy Group; University of New England, Center for Health Policy, Planning and Research; University of Southern Maine, Institute for Health Policy.

1. Section 3.1 of the RFP references that an initial evaluation plan for the waiver has already been prepared. Can that initial plan be made available to prospective bidders? Is this the same plan that is referenced in Section 3.1b as the “Global Commitment to Health: Revised Evaluation Plan (March 20, 2007)?

This document has been posted on the following web site:

<http://humanservices.vermont.gov/news-info>.

2. Section 3.1.1a of the RFP discusses the deliverables relating to the requested outcome evaluation. AHS uses the following terms in characterizing evaluations: “more rigorous,” “quasi-experimental” and “true experiments.” Can AHS provide prospective bidders with definitions or examples of evaluations to clarify these terms?

Conventionally, the scientific rigor of evaluations depends on the confidence their design affords for drawing causal inferences about the impact of the intervention, while ruling out spurious influences on the outcomes of interest. A “true experiment” employs random assignment of cases to “experimental” and “control” groups. A “quasi-experiment” may use one or more alternative techniques (e.g., matching, statistical controls, etc.) to minimize bias.

3. Section 3.1.1a of the RFP also uses the phrase “with a preference for those that provide a sound basis for drawing casual inferences” (emphasis added). Should this be read as “*causal*”?

Yes.

4. Section 4.2.4, item #7, requests prospective bidders to provide a listing and description of “all projects” that involved similar activities. Is there a time period to which AHS would like prospective bidders to limit their response?

Bidders may limit their responses to work undertaken within the past five years.

5. Section 4.3, item #6, requires provisional institutional review board clearance. Is such provisional clearance required at the time of submission of the RFP?

No.

6. Page 17, Section 4.3 indicates consent procedures that must be in place. We understand the requirement to obtain informed consent from families who are participants in the waiver. This section also states that the applicant must “provide evidence of receipt of at least provisional institutional review board clearance for data collection activities.” Which entities would you anticipate that we would need to obtain this clearance from? If our primary data source is claims data obtained from the State, and we sign a Business Associates agreement with the state, would this substitute for the Institutional Review Board clearance?

AHS will work with the successful bidder to obtain the necessary review board clearances. Generally speaking, approval by a duly constituted Institutional Review Board (maintained by AHS, or by the contracted firm) is required before access is granted to clients’ personal information.

7. In what years have the CAHPS consumer satisfaction surveys been conducted in Vermont?

There are CAHPS data on the VT Medicaid population from 2002, 2003, 2004, and 2006.

8. In what years have HEDIS data been collected in Vermont? Which measures were collected? Are key measures/domains repeated over time?

For purposes of our External Quality Review, 14 HEDIS measures were collected in 2002:

- Childhood immunization status
- Adolescent immunization status
- Cervical cancer screening
- Children’s access to primary care provider (12-24 mos., 25 mos.-6 yrs.)
- Children’s access to primary care provider (7-11 yrs.)
- Well-child visits
- Adolescent well-care visits
- Eye exam for enrollees with diabetes
- Follow-up after hospitalization for mental illness
- Average hospital length of stay
- Number of hospital visits
- Postpartum care

- Timeliness of prenatal care

For years 2005 and beyond, the External Quality Review Organization (EQRO) will track the following:

- Childhood immunization status
- Adolescent immunization status
- Well-child visits
- Adolescent well-care visits
- Use of appropriate medications for people with asthma
- Annual dental visits
- Comprehensive diabetes care
- Antidepressant medication management
- Inpatient utilization: General hospital/acute care
- Inpatient utilization: Non-acute care
- Prenatal and postpartum care
- Timeliness of prenatal care
- Ambulatory care
- Mental health utilization
- Chemical dependency utilization
- Outpatient drug utilization

9. For the qualitative part of the evaluation: Is it permissible to offer community informants (e.g., Medicaid enrollees and providers) payment for their participation?

Yes, as part of an approved overall budget proposal.

10. Will OVHA/AHS staff assist in identifying, locating and contacting key community informants (e.g., providers and enrollees)?

Yes.

11. Of the 45-item evaluation rubric, which elements does OVHA/AHS feel are most important?

Does the State anticipate that the evaluation will cover some elements from every department, aspect and goal?

Certainly, *access*, *cost*, and *quality* will need to be addressed in any evaluation. In addition, evaluation of *structure*, *process*, and *outcomes* will naturally be of interest. Whether or not every department/office of AHS will be the focus of each of these dimensions will depend on its role within Global Commitment, the availability of appropriate data, and other factors.

12. As a private firm, we do not procure audited financial records. Will the State accept unaudited financial records, prepared by an independent, Certified Public Accountant, to document our fiscal ability to complete the proposed work?

Page 15, Section 4.2.4 indicates the requirement to submit a copy of the most recent audited financial statement. As a closely-held private company, we do not conduct an annual audit. Would copies of our most recent federal tax return and/or copies of recent unaudited financial statements suffice to meet this requirement?

Yes, unaudited financial statements will suffice.

13. Section 2.4.4 state that AHS will not entertain proposals from an organization that performs other functions with respect to Medicaid covered individuals where performance of the organization's functions with Medicaid individuals would conflict with the Quality Review function. Can the State confirm that firms providing Medicaid technical assistance (e.g., program development and implementation assistance) [or other contractual services] do not have a conflict of interest with respect to this RFP?

No firms submitting letters of intent to bid on this RFP are disqualified by this provision.

14. With respect to the template shown in 4.4.3 (Example of Cost Form), we recognize that AHS may be interested in bidders showing a separate cost line for travel as an indicator of level of onsite time in Vermont. We normally build in the other usual and customary administrative costs shown on the template (e.g. rent, telephone, office supplies) into an effective hourly rate for each staff member. Is it permissible to reflect these built-in costs in the Personnel section by staff member?

Yes.

14. How many copies of the final report is the selected Contractor expected to provide the State at the conclusion of the engagement?

We request five copies.